

To the Prime Minister, First Minister of Scotland and First Minister of Wales,

We, the undersigned, write to you directly to call on your governments to end the 'home use' abortion schemes currently in place in England, Scotland, and Wales. Following the publication of the Scottish Government Consultation on Future Arrangements for Early Medical Abortion at Home¹ and the UK Government's decision² to hold a public consultation on whether to make the temporary at-home abortion policy in England permanent, we outline our concerns to you directly on the serious risk of these temporary measures to women's health.

Crucially, the self-administration of abortion pills removes any certainty over who takes the pills, where they are taken, at what gestation they are taken, and whether another adult is present for support. Separating abortion from a clinical environment with direct medical supervision has led to the current situation where abortion providers - disturbingly - cannot ensure that the pills they prescribe are taken by the individual they are provided to within the appropriate time frame. For example, in an investigation led by public health consultant Kevin Duffy, a former Global Director of Clinics Development at Marie Stopes International, all eight mystery shoppers were able to acquire mifepristone and misoprostol using false names, dates of birth and gestational dates.³ In one case, pills were provided to a mystery shopper who gave a date that could only have led to a termination beyond the legal 10-week limit for 'at-home' abortions.

The temporary provisions in England, Scotland, and Wales have already placed the health of many women and girls at risk, especially since there is now way to verify accurate gestational age via telephone without an in-clinic ultrasound. Furthermore, the concerns highlighted by the investigation and others have tragically become all too real. A leaked email from an NHS England and NHS Improvement Regional Chief Midwife on the 'escalating risks' of home abortion disclosed several incidents including ruptured ectopic pregnancies and resuscitation for major haemorrhage, that a woman at 32 weeks of pregnancy was able to receive 'at-home' abortion pills, and that there are three police investigations linked to late 'at-home' abortions, including a 'murder investigation as there is concern that the baby was live born'.⁴ In addition, media reports in May 2020 revealed the case of a baby aborted at 28 weeks using abortion pills at home, and that 8 similar cases of 'at-home' abortions occurring beyond the ten week limit were under investigation by BPAS.⁵

This concerning trajectory of incidents is unsurprising given the evidence that there can be more complications from taking abortion pills than surgical abortions even in a supervised medical setting. A study of over 42,000 women receiving abortions under seven weeks' gestation found that the rate of complications was four times higher in medical abortions than

¹ [Early Medical Abortion at Home Consultation - Scotland](#).

² [Hansard - Domestic Abuse Bill](#).

³ [Undercover investigation exposes 'DIY' abortion service as unsafe and crossing legal boundaries](#).

⁴ [Leaked NHS email - Christian Concern](#).

⁵ [Police investigate death of unborn baby after woman took 'pills by post' abortion drugs while 28 weeks pregnant](#); [Police probe death of unborn baby after woman has illegal 'abortion by post' at 28 weeks - four weeks after limit](#).

in surgical.⁶ As mifepristone does not have the same effect on a pregnancy that is not implanted in the uterus, deaths have been reported from undetected ruptured ectopic pregnancies after taking abortion pills, including from cases of *Clostridium sordellii* sepsis.⁷

In addition to increased risk of medical complications, self-administration removes the opportunity to ascertain if abuse or coercion is involved, as it is impossible to guarantee over the telephone whether an abusive party is present. This poses a threat to vulnerable women and girls who are at risk from an abusive partner, sex-trafficking or child-sex abuse, as 'at-home' abortion could be used by abusers as a means to more easily cover up trafficking or abuse scandals.⁸ A 2014 study on the incidence of coerced abortion in abusive relationships found that one third of participants reported pressure to abort,⁹ whilst another study found that seven out of thirteen women in domestic violence situations experienced pressure to abort.¹⁰

Polling suggests that 'at-home' abortion policies which remove current safeguards are not in line with the majority of British women's views. 77% of women in a ComRes poll agreed that doctors should be required to verify in person that a patient seeking an abortion is not experiencing coercion,¹¹ whilst another poll from ComRes showed that 92% of women agreed that a woman requesting an abortion should always be seen in person by a qualified doctor.¹² If women want more, not fewer, safeguards on abortion to protect from abuse, our Governments should surely reflect this in their policymaking.

Finally, we urge you to note with concern the lack of empirical attention that has been paid to the psychological impact of self-administering an abortion at home. 'At-home' abortions now mean that the woman in question most likely sees her dead child and disposes of it herself. Transforming homes into unsupervised abortion clinics without adequately researching the impact of such a policy seems a far cry from prioritising women's physical and mental health. We do not believe it right to treat pregnant women, who are made more vulnerable by the added threat of Covid-19 and the challenges of lockdown, as the inaugural subjects of a science experiment.

In sum, the decision to permit the taking of both medical abortion pills at home, made without consultation and despite initial opposition from the Government itself, is a dangerous policy that must not be made permanent. As such, we publicly request that the 'at-home' abortion schemes in England, Scotland, and Wales are revoked with immediate effect in order to protect the welfare of women before more women are put at risk.

⁶ [Immediate complications after medical compared with surgical termination of pregnancy.](#)

⁷ [Fatal Toxic Shock Syndrome Associated with *Clostridium sordellii* after Medical Abortion.](#)

⁸ [DIY abortions cover up 14 years of sexual abuse.](#)

⁹ [The role of intimate partners in women's reasons for seeking abortion.](#)

¹⁰ [Impact of partner abuse on women's reproductive lives.](#)

¹¹ [ABORTION POLLING For WHERE DO THEY STAND?](#)

¹² [Christian Institute – Abortion Survey; UK polling on abortion.](#)